

Attachment A



SERVICE AGREEMENT

Long Lines Wireless 24/7 Customer Service
1-866-901-5664 or dial 611

Porting Number Yes No
Ported from _____

Date _____ Call Back # _____ Ported # _____ Mobile # _____
Activation Date _____ Agent Code/Location _____ ☐ NEW ☐ CURRENT ☐ UPGRADE

CUSTOMER INFORMATION ☐ Personal ☐ Business

Bill To _____ Account # _____
Address _____ PO Box _____ City _____ State _____ Zip _____ County _____
Home Phone # _____ Work # _____ User Name _____ Promo Code _____
Driver's License # _____ SSN _____ Email Address _____ Date of Birth _____
How did you hear about Long Lines Wireless? ☐ Radio ☐ TV ☐ Newspaper ☐ Other _____
Gender (optional) ☐ Male ☐ Female
Equifax ☐ Yes ☐ No Ref # _____ Security Deposit _____ Credit Application Pending ☐ Yes ☐ No

EQUIPMENT & SERVICE INFORMATION

SIM # _____
IMEI _____
Make _____
Model _____

ITEM	PART #	AMOUNT
1		\$
2		\$
3		\$
Subtotal		\$
Total		\$
Tax Exempt # or Sales Tax		\$
Total Price of Equipment		\$
Other (gift certificate, prepaid service)		\$
Payment Due		\$
Total Payment Received		\$

☐ Cash ☐ Check # _____ ☐ Bill Me
☐ CC# _____ Exp _____
CC Auth. Code _____ Visa _____
☐ ACH Form (please attach ACH form and a voided check)

Plan Name _____
Local Calling Minutes _____ \$ _____/month
Travel Calling Minutes _____
Additional Travel Minutes _____ \$ _____/month

AGREEMENT TERM ACTIVATION FEE
☐ 2 Year Agreement \$ _____
☐ Prepaid \$ _____

Features included with all plans are Call Forwarding, Call Waiting, 3-Way Calling, Voicemail, Caller ID, Detailed Travel Minutes, Free Incoming Text Messaging

DATA SERVICES

Text Longer _____
Surf Longer _____
View Longer _____

EQUIPMENT PROTECTION

☐ \$50 Deductible • 2 Claims/Year • No claim 1st 30 days
\$4.99 per month
☐ Deny Equipment Protection Initial _____

TOTAL COSTS \$ _____

ACTION

☐ Change of responsibility
From _____
To _____
☐ Customer switching to from another carrier _____

By signing this, I agree to Long Lines Terms and Conditions as well as the Customer Service Agreement. I understand all of the costs and fees connected to my plan and all added features, accessories and benefits.

Signature _____ Date _____